

State of Delaware

Flexible Spending Accounts

Direct Deposit/Email Authorization



6 digit Employee I.D.+ last 4 of your social security #: _____ / _____

Employee: _____

Address: _____

City-State-Zip: _____

Work Phone No.: (____) _____ - _____ ext. _____

Email Notices of Flexible Spending Account reimbursements:

Please send email notices of my Flexible Spending Account reimbursements by direct deposit and employee periodic statements to the following address:

I wish to receive my Flexible Spending Account reimbursements by Direct Deposit. I hereby authorize Application Software Inc. (ASI) to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. If necessary, ASI may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASI has received written notification from me of its termination in such time as to afford ASI and my bank a reasonable opportunity to act on it.

Your bank's name: _____

Bank's Routing #: _____ Your Account #: _____

Type of account: _____ Checking _____ Savings

Signature _____ Date _____

If you have any questions call 1-800-659-3035 or e-mail us at asi@asiflex.com.

Direct Deposit Account Verification

For new authorizations, please attach a void check or a copy of a check in this area so that we may verify your routing and account numbers. Send to:

P. O. Box 6044, Columbia MO 65205-6044

or

fax to (573) 874-0425

